

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1716

1. PLACE OF DEATH

County Macon

Registration District No. 527

Township

Primary Registration District No. 5703

City Bevier

(No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE East of Burial DATE July 2, 1932

19. UNDERTAKER (ADDRESS)

20. FILED 2-2 1932 Dave J. Edwards Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1932

I HEREBY CERTIFY that I attended deceased from January 19, 1932, to January 30, 1932.
I last saw him alive on January 30, 1932. Death is said to have occurred on the date stated above, Jan 30, 1932.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset 1915

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) J. F. Turner M. D.

(Address) Macon, Missouri

ALL INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGES SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. FEB 24 1932

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**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon
Township Bevier
City Bevier (No.)

Registration District No. 527
Primary Registration District No. 4313

File No.
Registered No.
St. Ward)

2. FULL NAME

Minnie Ann Faust

(a) Residence, No. St. Ward.

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>V</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4 - 1876</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>4</u>	DAYS <u>26</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	13. NAME
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE	
19. UNDERTAKER (ADDRESS)	
20. FILED <u>2-2</u> 19 <u>32</u> <u>Dave J. Edwards</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1932

22. I HEREBY CERTIFY, That I attended deceased from

..... 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

8-1716